

Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13405



4 - ER URGENT

000001

[Redacted]

[Redacted]

[Redacted]

[Redacted]

★ TIME SEEN 1220	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DRUG SENSITIVITY	TEMPERATURE 98.4	BLOOD PRESSURE 151/116
	YES - DRUG:	PULSE 190	RESPIRATION 20	

THE UNDERSIGNED CONSENTS TO THE EXAMINATION OF THE PATIENT AND TO THE PERFORMANCE BY [Redacted] THEIR ASSISTANTS, AND HOSPITAL ASSISTANTS, AND HOSPITAL PERSONNEL, OF SUCH DIAGNOSTIC AND MEDICAL PROCEDURES AS ARE CONSIDERED NECESSARY OR DESIRABLE IN THE CARE OF THE PATIENT, INCLUDING INJECTIONS, ADMINISTRATION OF ANESTHETICS, AND REMOVAL OF TISSUE. NO ASSURANCES HAVE BEEN MADE AS TO ANY RESULTS OR CURE.

SIGNATURE (OR OTHER WITNESS)	DATE 3/5/99	RECEIPT	WITNESS
------------------------------	----------------	---------	---------

CHIEF COMPLAINT heart racing PMAS SVT ☐ PROBABLE E BY DIAGNOSIS

3640 WOT 75 PALLIDATION more METABOLIC OPEN
HFE Palsi & Diet Pills THIS AT PMS CARDIAC MON
FEEL LIGHTHEADED & PALLIDATION EKG 450/100
ECG 503/110 I CETO

HA ~ 180 @ THOR FOR PATIENT - @ 140 SVT
2-3 YRS AGO -> ON NO MEDS FOR IT

PE: WAD

MECK @ JVD

CHEST CRT (B)

CV TACHY (C) S3, S4 @ HEART

ABD SOFT, NT, @ BS

EXT @ EDENT

EKG ST @ 119 J STTWAS

SCR SUBTOTAL	93	94
TOTALS		
SERIAL NUMBER(S) SCR(S) INITIATED		
1.		
2.		

SVT - SPONTANEOUS CONVERSION

000002

★ TIME OUT 1245	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DISPOSITION <input type="checkbox"/> ADMITTED <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> (H) NOT ADMITTED <input type="checkbox"/> AMBULANCE	REGULAR MD?	CONSULTANT CODES 1- 01 2- 3-
--------------------	---	---	-------------	---------------------------------

INSTRUCTIONS TO PATIENT ① DIC DIET PILLS & CARDIAC

APPOINTMENT WITH (Dr., Clinic, Date)	REFERRED TO (Clinic and Date)	TRANSFERRED TO (e.g., Service, Floor, County)
--------------------------------------	-------------------------------	---

I, the undersigned, acknowledge receipt of a copy of these instructions together with any of the special instructions noted.

PATIENT OR OTHER RESPONSIBLE PERSON	EMERGENCY ROOM PHYSICIAN
-------------------------------------	--------------------------